Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10-25-2010</u>	Address:	Sage Brush @ Carter St.
Case #:	16F20045		Kokomo, IN
County:	Howard		
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glussware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Uotel/Motel ☑ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): roadside ☐ Red Phosphorous/Iodine Reaction(s): N/A ☐ Flammable Solvents: roadside ☐ Water Reactive Metal (Lithium): roadside ☐ Anhydrous Ammonia: N/A ☐ Hydrochloric Acid Gas Generator(s): roadside ☐ Corrosive Acid: roadside ☐ Other (item and location): N/A			
Child under age 18 discovered (check one) Yes N/A (number present) No *If yes, fax report in Child Protective Services This report is to be faxed to the following agent		Investigative Information Deplocation Pseudoephedrine Tracking Log Retail/Merchant Tip Other: Kokomo DTF investigation ies that serve the location:	
Fire Depart	ment: Kokomo F4	Fax: (765)456-7580	
Health Department: Howard Co.		Fax: <u>(765)</u> Fax: <u>N/A</u>	450-229 <u>2</u>
Child Prote	ction Service: N/A		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Joshua Maller Phone (765) 473-6666			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case life, and a copy sent to the Claudestine Laboratory Team Leader for retention.